# TO: All Active Participants and OTS Retirees and Spouses Hawaii Teamsters Health and Welfare Trust

#### **FROM:** Board of Trustees

# SUBJECT: COBRA Program, Employee Self-Payment Program, and Student Self-Payment Program

The Board of Trustees, at their meeting of February 4, 2011, adopted the following changes:

# I. COBRA Program

**<u>Effective March 1, 2011</u>**, if you choose to continue your benefits under the COBRA Program, your monthly payment is as follows:

#### A. <u>Actives</u>

1. <u>Core Coverage</u>

|           | <u>Single</u> | <u>Family</u> |
|-----------|---------------|---------------|
| Indemnity | \$299.44      | \$802.51      |
| Kaiser    | \$339.56      | \$883.55      |

Core coverage for actives under the COBRA Program includes medical and prescription drug benefits.

## 2. Full Coverage

|                              | <u>Single</u> | <u>Family</u> |
|------------------------------|---------------|---------------|
| Indemnity with HDS           | \$329.79      | \$881.15      |
| Indemnity with Gentle Dental | \$322.46      | \$861.59      |
| Kaiser with HDS              | \$369.90      | \$962.20      |
| Kaiser with Gentle Dental    | \$362.58      | \$942.64      |

Full coverage for actives under the COBRA Program includes medical, prescription drug, dental, vision, and chiropractic benefits.

# B. <u>Disabled Actives (from 19<sup>th</sup> to 29<sup>th</sup> month)</u>

#### Full Coverage

|                              | <u>Single</u> | <u>Family</u> |
|------------------------------|---------------|---------------|
| Indemnity with HDS           | \$484.98      | \$1,295.81    |
| Indemnity with Gentle Dental | \$474.21      | \$1,267.05    |

| Kaiser with HDS           | \$543.98 | \$1,415.00 |
|---------------------------|----------|------------|
| Kaiser with Gentle Dental | \$533.21 | \$1,386.24 |

Full coverage for disabled actives under the COBRA Program includes medical, prescription drug, dental, vision, and chiropractic benefits.

## C. OTS Retirees under Age 65

1. <u>Core Coverage</u>

| <u>_</u>  | <u>Single</u> | <u>Family</u> |
|-----------|---------------|---------------|
| Indemnity | \$299.44      | \$802.51      |
| Kaiser    | \$339.56      | \$883.55      |

Core coverage for OTS retirees under age 65 under the COBRA Program includes medical and prescription drug benefits.

2. <u>Full Coverage</u>

| <u>.</u>  | <u>Single</u> | <u>Family</u> |
|-----------|---------------|---------------|
| Indemnity | \$301.46      | \$807.82      |
| Kaiser    | \$341.58      | \$888.87      |

Full coverage for OTS retirees under age 65 under the COBRA Program includes medical, prescription drug, and vision benefits.

# D. OTS Retirees Age 65 and over

1. <u>Core Coverage</u>

|                    | Effective 1/01/11 | Effective 3/01/11 |
|--------------------|-------------------|-------------------|
|                    | Per Individual    | Per Individual    |
| HMSA Akamai        |                   |                   |
| Advantage and EGWP | \$155.56          | -                 |
| Kaiser             | -                 | \$252.26          |

Core coverage for OTS retirees age 65 and over under the COBRA Program includes medical and prescription drug benefits.

# 2. Full Coverage

|             |          | Effective 1/01/11 | Effective 3/01/11 |
|-------------|----------|-------------------|-------------------|
|             |          | Per Individual    | Per Individual    |
| HMSA Akamai |          |                   |                   |
| Advantage   | and EGWP | \$159.48          | -                 |
| Kaiser      |          | -                 | \$256.17          |

Full coverage for OTS retirees age 65 and over under the COBRA Program includes medical, prescription drug, and vision benefits.

# II. Employee Self-Payment Program

**<u>Effective March 1, 2011</u>**, if you choose to continue your benefits under the Employee Self-Payment Program, your monthly payment is as follows:

|           | <u>Single</u> | <u>Family</u> |
|-----------|---------------|---------------|
| Indemnity | \$293.57      | \$786.77      |
| Kaiser    | \$332.90      | \$866.23      |

Coverage under the Employee Self-Payment Program includes medical and prescription drug benefits. (Does not include 2% administration charge.)

# III. Student Self-Payment Program

**Effective January 1, 2011**, the Student Self-Payment Program has been terminated on the basis that there is no longer a requirement for student status for dependent coverage due to the extension of dependent coverage to age 26 provision of the Affordable Care Act.

Should you have any questions on the above changes or need assistance with your coverage, please contact the Trust office at 523-0199, or for neighbor islands, call toll free at (866) 772-8989.